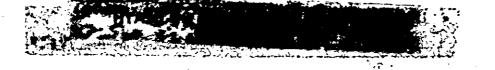
· "	11330	UKI	<i>D</i> .	VISION OF HEALTH STANDARD STANDARD OF DEALING STANDARD STANDARD OF OTOGOD	
DO NOT WRITE	AM	ENDED		Registration District Notice State File NUMBER	
VS 300		 	<u> </u>	1. FLACE-FLETH APR 5 1962 a. COUNTY Jackson 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a state is Sourie county Jackson admission)	ore
Rev. 4/59				b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stey in 1b oR TOWN Kansas City Yes DXNo	1
7	₩				
23418	OATE AMENDED			c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 2450 Highland Institution 2450 Highland Institution 2450 Highland Institution 2450 Highland Yes No [] Institution 2450 Highland Yes No []	
3			1	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) OF	
4 0		1	11	Fred _D. Chieks DEATH 3/ 19/1962	
5 /				5. SEX Male 6. COLOR OR RACE Vidowed 7. Marriedy: Never Married Divorced 8. DATE OF BIRTH 9. AGE (last birthday) If UNDER 1 YEAR IF UNDER 24 Months Days Hours Mid	4 HR Ain.
	S			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TT. C.	RY
	8			Laborer U.S.Gypsum, Co Missouri U.S.A.	
7 0	FOLLOW			William Henry, Chieks Mary Alice Lorene Chieks	
8 2	\$			15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1/A SOCIAL SECURITY NO. 17. INFORMANT Address	
9410XH	ااس			(Yes, norpounknown) (If yes, give war or dates of service Charles H. Chieks, M.C. Missouri	
10	¥		ΪŻ	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: ONSET AND DEAT	EN
	용		NS I	IMMEDIATE CAUSE (a) Willal Insufficility 190.	_
	AD REC		DOCUMENT		
2411	THIS REC			Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (c)	
	NO SI			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) PART III. If deceased was female there a pregnancy in last 90 deceased was female there are pregnancy in last 90 deceased was female there are pregnancy in last 90 deceased was female there are pregnancy in last 90 deceased was female there are pregnancy in last 90 deceased was female there are pregnancy in last 90 deceased was female there are pregnancy in last 90 deceased was female there are pregnancy in last 90 deceased was female there	days
	AMENDMENT				
< INK RIBBON	AWE			20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
			,	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	Ē
SLAC OR ITER	READ			21. I attended the deceased from Febr 19th 1962, to 3-13 the 62 and last saw him alive on 3-13-62	
K E				Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.	
USE BLAC OR TYPEWRITER	SHOULD		/IT OF	220. SIGNATURA. M. Brathwaite (Degree or title) 120. ADDRESS 10 N. James KC Kans 3/19/1	SINE C
	ÖN		AFFIDAVIT	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) EMBURIAL 3/22/1962 Blue Ridge Lawn K.C. Jackson, Missouri	
	ITEM		Ϋ́	Bailey Funeral Home.K.C. Kansas 3.2/.62	
	-		1"	Daties remetal nome. N. J. hallsas 3.2/. 62 Uluch Long	

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body who	se name is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Coliffed Illoods
Signature of Student Embalmer	Licensed Embalmer No. 3/06
•	Licensed Embalmer No. 3/06
	P. O. Address 1520 71511

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his, OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.